



S&T Employee Membership Application 2018

Name	Primary Phone #	Secondary Phone #
Address	City	State/Zip
E-mail	Emergency Contact	Emergency Contact Phone

Name(s) of all persons included on this pass including applicant listed above: (attach a second form if additional space is needed.)

	FIRST NAME	LAST NAME	DATE OF BIRTH	GEN- DER
1			/ /	F or M
2			/ /	F or M
3			/ /	F or M
4			/ /	F or M
5			/ /	F or M
6			/ /	F or M
7			/ /	F or M

PAYMENT	30 DAY		ANNUAL PASS	
	SINGLE	MONTH*	ANNUAL	
YOUTH	\$34	\$26	\$308	
ADULT	\$42	\$32	\$383	
SENIOR	\$34	\$26	\$308	
ADDITIONAL ADULT (family member)	\$21	\$16	\$193	
ADDITIONAL CHILD (family member)	\$11**	\$6**	\$70**	
ADDITIONAL SENIOR (family member)	\$17	\$13	\$146	

*Must complete Direct Debit Authorization Form.
**Maximum billing = 3 children.

STUDENT PASS	SINGLE PAYMENT
4 MONTH MUST SHOW VALID COLLEGE ID	\$136

VALUE PASS	
YOUTH 20 VISIT	\$96
ADULT 20 VISIT	\$128
SENIOR 20 VISIT	\$96
STAY-N-PLAY 10 VISIT	\$25

I understand this agreement will stay in effect for the minimum contract period and continue until I submit a membership cancellation form. A 60-day notice will be mailed or emailed informing you of any fee increases. I understand that if I do not cancel my membership by written 30-day notice, the new fees will be charged to my account. I also understand that if I default on my payment more than once, to reinstate my membership I will be required to pay up front for an annual membership or be required to pay monthly for 12 months at a time. By signing this agreement, I verify that I have read and understand the information and guidelines printed on the back of this form.

Purchaser's Signature

Date

NOTES:

For Office Use Only

Amount Received: Payment Method (circle one): Cash Check # _____ Credit Card Other

Date of Purchase: _____ Staff: _____ Reviewed By: _____

Please read the following information before purchasing your pass:

- Pass holders must abide by all rules and regulations of The CENTRE or privileges may be revoked. These rules may be modified on occasion. For the most current rules, please ask a front desk attendant.
- Not all programs, benefits, facilities, equipment, etc. will be available at all times.
- Membership fees are reviewed periodically and any changes to these are implemented at the membership renewal.
- Passes are not transferable.
- Membership keytag or keytag number must be presented at the front desk each visit to receive admission.
- There is a \$5 fee to replace a keytag.
- There are no refunds on pass purchases. Credits may be applied to other applicable areas but must be utilized within a year (365 days) from issuance. Balances owed for any City of Rolla Parks and Recreation activity, including the Centre, must be satisfied before booking additional Parks and Recreation activity.
- Monthly payments, if selected, must be made through an Electronic Funds Transfer (EFT) from your bank account or creditcard. First payment due at time of purchase. Direct Debit Authorization Form must be completed at time of application.
- A \$15 service charge will be assessed for every EFT returned for insufficient funds or declined credit card.
- Immediate family members (parents and their children through the age of 22) residing at the same address and identified at the time of initial purchase are eligible for Family rate. Proof of address and/or income tax return may be required for all those listed on the membership form to verify residence.
- Members may request for membership to be suspended. Suspension must be a minimum of 1 month.

Annual Passes:

- Valid for twelve (12) months from the date of purchase.
- The pass will automatically renew unless terminated 30 days prior to expiration date with continued payment authorization for account and bill date on file.
- Passes may not be cancelled within the initial 12-month period for any reason with the exception of a written physician statement or relocation outside of the 45-mile service area. Notice of cancellation must be submitted 10 business days prior to member's selected billing date.
- After the initial 12-month period, passes may be cancelled at any time upon submission of a cancellation form or written notice 30 days prior to billing date.

Student Passes:

- A student pass is available for any student currently enrolled in a college or university. Must show valid student identification card to be eligible.
- Valid for four (4) months from the date of purchase.

Value Passes:

- No refunds available on unused visits.
- Value Pass holders do not qualify for discounted rates for enrollment in programs or rental of facility.

Youth Participants:

All children age 4 to 17 are eligible for the youth rate. Toddlers age 3 and under receive free admission to The CENTRE when accompanied by a paying adult. Youth age 8 and under must be accompanied by someone **at least 16 years old** to receive admission. Youth ages 12 and 15 must complete a mandatory youth fitness training seminar with a parent/guardian to use the fitness area and be under the direct supervision of a parent/guardian who attended the youth fitness training seminar. Youth under the age of 12 are prohibited from the fitness area. Youth under the age of 12 are allowed in the fitness area if training with one of the Centre's personal trainers.

Waiver and Release of Liability:

The City of Rolla and The CENTRE: Rolla's Health and Recreation Complex are not responsible for any injury or loss of property suffered while participating in CENTRE activities, using CENTRE equipment, or on CENTRE premises, for any reason whatsoever, including ordinary negligence on the part of the CENTRE, its officials, employees, instructors, or agents. In consideration of my family's and my ability to use The CENTRE for fitness activities, I hereby release and covenant not to sue The CENTRE, its officials, employees, instructors, or agents from any and all present and future claims resulting from my participation in CENTRE activities both present and future, that may be made by me, my family, estate, heirs, or assigns. I represent that I am in good health. I am aware that health and fitness activities may range from vigorous cardiovascular activity to the exertion of strength training and that these, and other activities at The CENTRE involve certain risks, including but not limited to death, disability, serious neck, and spinal injuries resulting in complete paralysis, heart attacks, and injury to bones, joints, or muscles. My family and I are voluntarily participating in CENTRE activities with full knowledge of the inherent risks of property damage, personal injury and/or death. I understand that The CENTRE encourages me to consult with a physician before beginning any exercise program. I understand this waiver to be broad and inclusive as the laws of the state of Missouri will permit and affirm that I am of legal age to freely sign this waiver. I have read this waiver and fully understand the terms of this waiver. I agree to comply with the rules of The CENTRE.